

<b>MANUAL: FOM 802-1, Psychotropic Medication</b>	<b>JOB AID</b> <b>Children's Foster Care</b>
<b>SUBJECT: Informed Consent-Caseworker Role in Engaging Parents Job Aid</b>	New Issue Partial Revision 11/30/16 Complete Revision
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## **Overview**

The supervising agency must obtain informed consent for each psychotropic medication prescribed to a foster child. An informed consent is permission granted by the person legally authorized to provide consent for administration of psychotropic medication to a foster child after receiving an explanation from the prescribing physician of the proposed treatment, expected outcomes, side effects, treatment alternatives and risks.

Informed consent is more than obtaining an authorizing signature on the consent form. It is a communication process between the prescribing physician and the person legally authorized to provide consent regarding specific medication intervention/treatment for the foster child. This communication should result in the consenter making an informed decision regarding the foster child's medication as part of an overall plan of care.

## **Informed Consent Signature**

Each DHS-1643, Psychotropic Medication Informed Consent or allowed alternative consent document (see FOM 802-1, Informed Consent) must contain the signature of the legal consenting party, OR documentation of witnessed verbal consent. At no time should any consenter be presented the DHS-1643 or any alternative consent to sign without first participating in the informed consent process with the prescribing physician.

- For temporary court wards, only a foster child's legal parent or legal guardian may consent to psychotropic medications. If the legal parent's whereabouts are unknown, a court order must be obtained to order treatment or temporarily authorize a different person to consent.
- If the child is a state/MCI ward, the foster care worker is authorized to provide consent.
- The court must provide consent for permanent court wards.

**NOTE:** The administration of psychotropic medications cannot occur until the appropriate consent (signature or witnessed verbal consent) is obtained.

The practice of a consent for a medication that *may be used* in the future, but not prescribed at the time of the consent discussion, should not be used. This request is sometimes made because the prescribing clinician is concerned that the consenting party will not be available to engage in future discussions when new recommendations are made. Instead, the caseworker should use MiTEAM practice model skills/competencies to ensure ongoing engagement of the consenting party throughout the child's/youth's time in care, and the caseworker should communicate the efforts regarding the consenting party's involvement to the prescribing clinician.

## **Caseworker Role**

Foster care caseworkers are expected to know about all medical appointments (primary care and mental health/psychiatric) for children on their caseload both for case planning and to facilitate engaging parents in the process of medical decision-making. There are a number of best practices and caseworker actions that will enhance parental engagement and assist in the completion of psychotropic informed consents that will lead to better mental health outcomes for the foster child.

- **Support the Legal Parent or Legal Guardian through Engagement**  
Parents may be reluctant to provide information about their child's mental health history, possibly because of the worry that they or their parenting will be judged, or because of the general stigma that is still attached to mental health disorders. Additionally, parents may find it challenging to juggle all that is expected in the Parent Agency Treatment Plan (PATP), including attendance at their child's appointments, and may be concerned that if they are unsuccessful it may be interpreted as a lack of willingness/commitment.

MiTEAM skills/competencies are used to increase the likelihood of parents maintaining active involvement in their child's care. Caseworkers should:

- Encourage parents to identify and discuss his/her concerns.
- Convey the important role that parents play in his/her child's well-being especially during the time that their child is not in their care.
- Address any barriers to parents' active involvement. The barriers to this aspect of case planning should be discussed and assistance provided to support the parents in building problem solving skills.
- **Obtain Medical Appointment Information**
  - **Family Team Meeting**  
Engage parents during the Family Team Meeting related to court intervention in a discussion of the child's ongoing mental health needs and obtain information about the mental health team (therapists, primary care physicians/psychiatrists providing medications), including office names, addresses and phone numbers. Asking parents to sign a consent for release of information including verbal exchange of information, assessments and medication review notes for each medical/mental health provider will assist the caseworker and the Foster Care Psychotropic Medication Oversight Unit (FC-PMOU) staff in facilitating mental health treatment, including the use of psychotropic medication.
  - **Contact the Mental Health Provider/Physician Office**  
Track ongoing appointments by calling the office where the child/youth has been receiving mental health care and asking about the next scheduled appointment. The office may be reluctant to provide this information because of privacy/confidentiality rules. Faxing the consent for release of information signed by the parent will increase the caseworker's success in obtaining information from a medical/mental health provider. Those contacts also provide an opportunity to ask the medical/mental health provider to consider schedules of the parents, as well as the schedules of the foster parents and caseworker, when scheduling appointments.
  - **Identify Appointment Frequency**  
Once the child/youth has had his/her first appointment after coming into foster care, ask about the usual frequency between appointments. When children/youth are established in

care and appear stable from a mental health standpoint, physician appointments are typically scheduled once every two to three months.

- Provide Contact Information to Physician

Caseworkers are to provide their contact information to doctor offices for the times that an appointment is changed in order to engage the legal parent in planning for the changed appointment. The caseworker is to provide (and update when needed) contact information for legal parent(s) of temporary court wards so that the office can reschedule appointments with the parents' availability in mind. Caseworkers are to attend the appointments for state/MCI wards as the person authorized to consent and participate in the informed consent process with the doctor.

**NOTE:** Foster parents, relative/unrelated caregivers cannot consent to the administration of psychotropic medications.

### **Informed Consent Process**

1. Prior to prescribing psychotropic medications the following must occur:
  - A mental health assessment resulting in the diagnosis of the mental health disorder. The highest quality mental health assessment includes historical information about the child, including medical, mental health and developmental history predating entry into foster care. Engagement of legal parents is key to obtaining this information. Under most circumstances parents should be expected to attend appointments. If there is a specific barrier to attendance (e.g. court order banning parent-child contact), alternative means (e.g. asking the parent to attend part of the appointment time and having the child and foster caregiver come separately) should be found. Caseworkers should also attend assessments when possible because their perspective is important to the assessment process.
  - Explanation by the prescriber of the purpose and effects of the medication in a manner consistent with the party's ability to understand must be given to the:
    - Child (age-appropriate).
    - Foster parent/caregiver.
    - Birth parent/legal guardian (temporary court wards).
    - Assigned caseworker.
  - The explanation for the need for the prescribed psychotropic medication must include the following:
    - Child/youth's mental health diagnosis.
    - Treatment options (nonpharmacological and pharmacological).
    - Treatment expectations or benefits to the target symptoms.
    - Potential side effects.
    - Baseline and ongoing monitoring needs for the medication (as applicable).
    - Risks and benefits of taking the medication versus not taking the medication.

2. Informed consent documentation (DHS1643 or an organization's own form if approved by the FC-PMOU) is completed for each of the following circumstances:
- Prescribing new psychotropic medications for a child in foster care.
  - At the time of entry into care for any psychotropic medication that the child is currently prescribed. Note that the expected time frame to complete informed consent documentation is 45 days after entry into foster care.
  - The existing consent is expired. Consent must be renewed yearly.
  - Increasing dosing beyond the range that was documented in the most recent valid consent documentation.
  - At the next appointment with the physician following the youth's 18<sup>th</sup> birthday, or after a change in the legal status of the child/youth.

**Reminder:** Foster parents, relative/unrelated caregivers **cannot** consent to the administration of psychotropic medications.